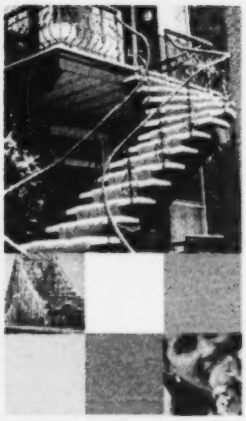

information kit
November 2004

Health and Social Service Centres: at the heart of the new service organization

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Agence
de développement
de réseaux locaux
de services de santé
et de services sociaux
Québec
Montréal

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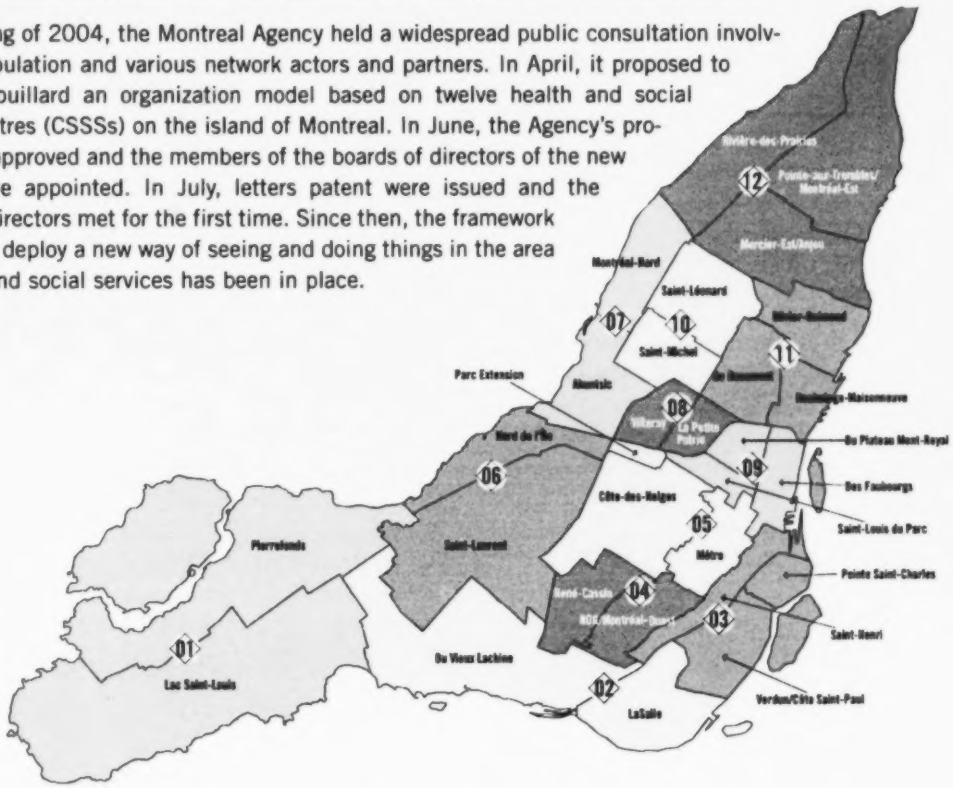
Health and Social Service Centres: at the heart of the new service organization

In December 2003, the Government of Quebec adopted draft bill 25, which launched a major reorganization of Quebec's health and social service network. First, the regional boards were abolished and replaced by new regional bodies called *Agence de développement de réseaux locaux de services de santé et de services sociaux* (Agency). In January 2004, these agencies were given the mandate to propose a new way of organizing services on their territory, based on the concept of integrated networks and services, with the goals of bringing services closer to the population and facilitating case management and navigation through the system for vulnerable persons.

In the spring of 2004, the Montreal Agency held a widespread public consultation involving the population and various network actors and partners. In April, it proposed to Minister Couillard an organization model based on twelve health and social service centres (CSSSs) on the island of Montreal. In June, the Agency's proposal was approved and the members of the boards of directors of the new CSSSs were appointed. In July, letters patent were issued and the boards of directors met for the first time. Since then, the framework required to deploy a new way of seeing and doing things in the area of health and social services has been in place.



Two guiding principles: the populational approach and the hierarchical provision of services

The reorganization of Quebec's health network is inspired by two overriding principles: the populational approach and the hierarchical provision of services.

The populational approach[1]

According to the populational approach principle, CSSSs and their local partners have an acknowledged collective responsibility toward the population on their territory. They assume this responsibility by making sure that efforts converge to maintain and improve the population's health and well-being. They do this by making the necessary services available, and by ensuring support and case management for persons within the health and social service system.

1 For more information, see the document *The populational approach: new vision and action for health.*

This approach means that it is up to the CSSS to rally the personnel, physicians, partners and resources of its territory around an organizational and clinical project that will enable it to fulfill its responsibility toward the local population. As indicated in the guide for the implementation of the clinical project, developed by the Ministry, the CSSS must:

- establish the health and well-being profile of the territory's population;
- conduct an inventory of the resources and services currently available to meet those needs;
- analyse the gaps that need to be filled in order to meet access, continuity and quality objectives;
- identify clinical models and fruitful collaborations that are already in place and that must be maintained and strengthened;
- choose, if appropriate, other models that can be incorporated to fill the gaps in terms of reaching the chosen objectives;
- specify the elements of the service offer, and the parameters that must appear in the service agreements;
- specify actors' roles and responsibilities;
- mesh service programs with all of the services offered;
- follow up of the impact on services and the health of the population.[2]

It should be noted here that the new resource allocation method announced by the Ministry arises from the population approach, and will support the implementation of this new approach over the coming years.

The hierarchical provision of services

The principle of the hierarchical provision of services is aimed at guaranteeing that services complement each other more, and at facilitating user navigation from front-line to secondary and tertiary services, as appropriate. In other words, the goal of the hierarchical organization principle is to ensure that the right service is provided to the right person, at the right place, the right time and by the right service provider.

For its part, the CSSS is responsible for the front-line health and social service offer required for the population on its territory. If it is not in a position to provide the entire range of front-line services, the CSSS must enter into agreements with other institutions or partners, notably with a first-instance hospital if there is no hospital within the CSSS. The same applies to the specialized and overspecialized services that will be made accessible to the population through the service corridors established between the CSSS and institutions designated to offer those types of services. CSSSs will therefore act as the foundations for the new organization of care and services on their territories by ensuring accessibility, case management, follow-up and service coordination for the population.

According to the hierarchical organization principle, the liaisons agreed upon between the CSSS and other service producers are two-way liaisons. On the one hand, they involve access to secondary (specialized) and tertiary (ultra-specialized) services for the territory's population; on the other hand, they guarantee that a territory's residents will have access to the front-line (general) services provided by the CSSS when they return to their living environment, after hospitalization, for example.

2 Source: *Guide pour l'implantation du projet clinique*, MSSS, consultation document.

A unique mission

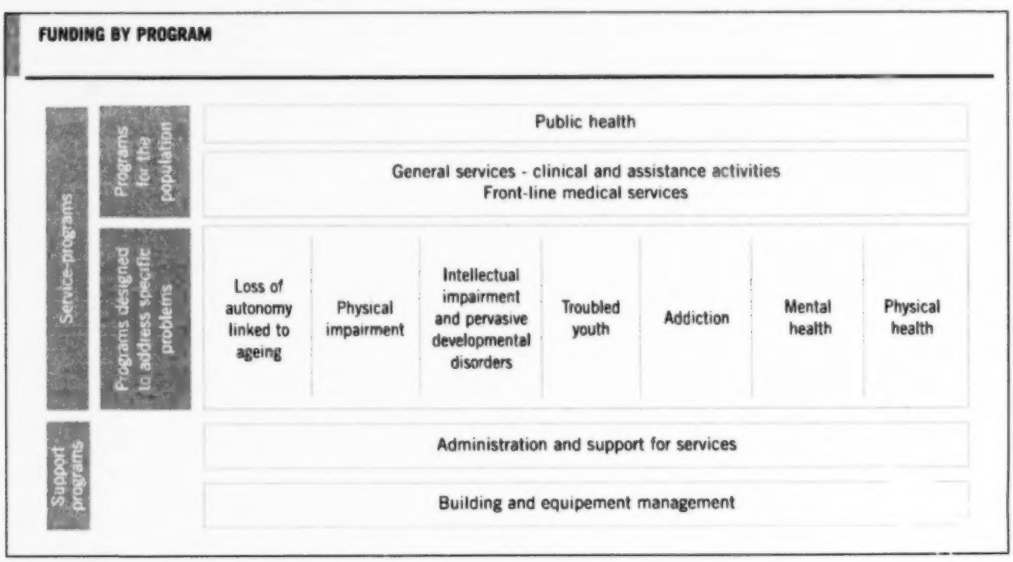
By combining the forces of the CLSCs, residential and long-term care centres (CHSLDs) and community hospitals on a given territory, CSSSs have a unique mission within that territory. This mission has three major aspects, each with its attendant management challenges:

- knowing the health and well-being situation of the population on its territory and taking the lead in actions aimed at improving that situation;
- managing the use of the services placed at the disposal of its territory's population, and taking the appropriate measures to provide case management, assistance and support to users to ensure continuity from one required care episode to the other within the health and social service network;
- ensuring optimal management of the range of services provided, by ensuring that they are effective, efficient and relevant, and that they meet users' expectations and the population's needs.

In order to rise to these challenges, CSSSs must equip themselves quickly with an organizational and clinical project that will mobilize its personnel and network of partners. In practical terms, this project must establish, for each territory:

- the local vision, based on knowledge of the state of the population's health and well-being, its socio-sanitary needs and special characteristics;
- the objectives sought in terms of improving the state of health and well-being, as well as the required service offer;
- the methods of organization and the contributions agreed with the various partners.

More precisely, the organizational and clinical project shall specify how the nine service-programs and two support-programs for which CSSSs will receive funding will be delivered. Budget allocation methods will gradually move away from a trends approach and toward a populational approach, with a method based on indicators reflecting needs and the amounts available.



A central role: to develop and sustain the local health and social service network

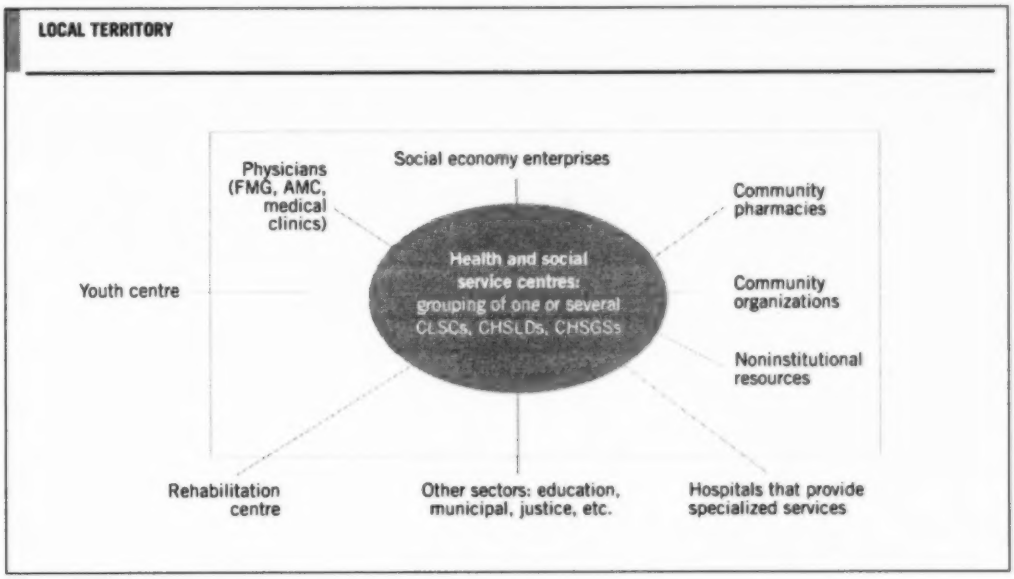
In order to be in a position to fulfill its mission thoroughly, CSSSs will have to set up and sustain a local service network, and work in an increasingly integrated fashion to improve the health and well-being of the population, and to ensure case management for users, particularly for persons with special and/or complex needs.

With this in mind, CSSSs are responsible for creating, with the partners on their territory, conditions that foster the accessibility, continuity and networking of general medical care. In the short term, particular attention should be paid to creating procedures to enable general practitioners within the CSSS territory to access:

- technical support equipment for diagnostic services;
- clinical information, including the results of diagnostic tests;
- consultations with specialists.

CSSSs will be able to achieve this goal by developing contract ties with partners on the territory, namely with the FMGs and Associate Medical Centres (AMCs). This partnership will make it possible to provide medical services, with or without an appointment, from 8:00 am to 10:00 pm, 7 days a week. It will also ensure that the territory's general practitioners have access to the appropriate technical support (laboratories, imaging) for emergency tests. Finally, this association will guarantee the case management of vulnerable clienteles and liaison with the CSSSs' relevant programs.[3]

In addition to medical services, ties are needed with other sectors of activity that have an impact on health and social services, such as school boards, municipalities, housing environments, community pharmacies, social economy enterprises, noninstitutional resources and community organizations. By cooperating with these sectors of activity, CSSSs will be able to develop a coherent vision and coordinate actions aimed at improving the health and well-being of the population.


LOCAL TERRITORY
Physicians (FMG, AMC, medical clinics)
Social economy enterprises
Community pharmacies
Youth centre
Health and social service centres: grouping of one or several CLSCs, CHSLDs, CHSGSs
Community organizations
Noninstitutional resources
Rehabilitation centre
Other sectors: education, municipal, justice, etc.
Hospitals that provide specialized services

3 For more details, see the handbook titled *The Organization of Front-Line Medical Services in Montreal.*

A major responsibility: public health

Prevention and health promotion are one of the CSSSs' major responsibilities. As the entity in charge of the public health program on its territory, a CSSS must provide public health services and deploy the required public health interventions for the entire population on the territory, and for some of the more vulnerable population groups. In particular, CSSSs have the mandate of proposing and implementing the local public health action plan in line with the regional public health action plan "*Action for Prevention*".

Every CSSS therefore has a fundamental role to play in relation to the nine challenges of Montreal's public health action plan.

Challenge 1	Reduce social inequalities in health and well-being, and improve families' living conditions.
Challenge 2	Increase preventive practices by professionals, and better integrate such practices into the health and social service continuum.
Challenge 3	Improve living patterns and reduce the accidental injury rate.
Challenge 4	Reduce the transmission of HIV and other communicable diseases.
Challenge 5	Reduce respiratory diseases linked to air quality and climate change.
Challenge 6	Use vigilance and prepare for threats from biological, chemical or physical agents.
Challenge 7	Document and intervene in emerging cases of psychological distress and mental health problems in various milieus, including the workplace.
Challenge 8	Reduce interpersonal violence.
Challenge 9	Reduce the suicide and suicide attempt rates.

The Agency has defined recommendations and means of action aimed at making prevention and health promotion a stronger priority within the CSSSs. These proposals will be the focus of a symposium to be held in January 2005 on the issue of service integration and the development of prevention and health promotion.

The CSSSs' basket of services

In its guidelines to implement the local service networks, the Ministry defined the basic basket of services that a CSSS should provide, as follows:

Front-line services

Among the front-line services provided by the local body, emphasis is placed on prevention, evaluation, diagnosis, treatment, rehabilitation, support, and public institutional residential care services.

With regard to public health: public health services and interventions for the population and for vulnerable clienteles; actions aimed at health promotion, prevention and health protection in line with regional and local public health plans.

- General services aimed at the population as a whole. These are usually services on demand: information/guidance, diagnostic support, nursing services, Info-Santé CLSC, perinatal services, psychosocial services for young people and adults, psychological intervention services, home support services for persons with a temporary disability, services in the school environment and in childcare centres, and interventions to deal with emergencies and disasters.
- Specific services aimed at special clienteles. These are usually medium- to long-term services: largely home support services, psychosocial services, rehabilitation services and some end-of-life care.

  Special clienteles

  - people who are no longer self-sufficient
  - people with chronic diseases
  - people with cancer
  - people at the end of their lives
  - young people with problems and their families
  - people with addictions
  - people who suffer violence
  - people with intellectual impairments
  - people with pervasive developmental disorders
  - people with mental health problems
  - people with physical impairments

Institutional and noninstitutional residential and long-term care services accessible within the local territory

Through the CSSS

Services in public CHSLDs

It should be noted: a local body may have a regional institutional residential care mandate for certain clienteles.

Within the territory

Private CHSLDs under agreement
Intermediate Resources (IR)
Family-Type Resources (FTR)
Alternative housing resources.

General and specialized hospital care usually provided by the CSSS

Basic general and specialized services

Emergency

Hospitalization and hospital ambulatory services

Access to local medical specialties

- Surgical specialties (anaesthesiology, general surgery, orthopedics and obstetrics-gynecology)
- Medical specialties (internal medicine, pediatrics, psychiatry and anatomical pathology)

Basic technical and diagnostic support equipment (imaging, radiology, laboratory)

It should be noted: when there is no hospital grouped within a CSSS, a formal service agreement must be entered into with a hospital centre in order to ensure that the local population has access to general and specialized hospital services.

In short, CSSSs provide a range of general and specialized services aimed at the territory's population as a whole: prevention, evaluation, diagnosis, treatment, rehabilitation, support, and residential care services. When CSSSs include a hospital, that hospital provides general and specialized hospital services.

In addition to providing front-line services to people on its territory, a CSSS provides them with access to a wide range of health and social services by entering into agreements or engaging in other forms of collaboration with other service providers. It also guarantees user case management and helps users navigate the health system. The important role of case managers should therefore be highlighted, particularly for vulnerable persons.

What is case management**?**

The vast majority of service organization models use case management to promote service continuity. It is usually a multidisciplinary collaboration and communication system in which the case manager, the pivotal care provider or a team (e.g., nurse and social worker) estimate, identify, plan, monitor, evaluate and coordinate the services and options offered by various care providers at different sites. Case management programs aim to meet the individual and specific needs of a group of clients. The goal is to help users maintain an optimal state of health, have proper access to resources and avoid crises. Such programs target a strong relationship between case managers and users.

The case manager's role is generally to collect information on users to verify their eligibility for services, draft a personalized service plan, establish links with the required services, coordinate services to implement the service plan, perform follow-up, and re-evaluate the situation as appropriate.

Case managers can draw on different tools: patient and family education, clinical results (physical evaluation, nursing interventions), algorithms, service trajectories, guidelines, etc. They also ensure that service providers are trained, and provide them with tools (conferences, problem-solving charts, resource lists, guides for access to services, etc.) that enable them to better meet the clientele's needs. In some cases, telephone access may also be offered to users.

Given the complexity of the Montreal milieu, characterized notably by the overlapping of the hospitals' catchment areas and the presence of a large number of elderly persons with health problems, the Agency recommends that the approach based on case management be used increasingly within the local service networks.

In conclusion

The creation of CSSSs in Montreal has led to the grouping of 54 heretofore independent institutions. In this context, it goes without saying that each CSSS must provide a clear, constructive and realistic vision of the changes to come, and must put forth an implementation strategy that is well adjusted to existing organizational cultures.

The human challenge must be recognized as a major factor of success in the reorganization underway. Administrators and leaders are invited to face this challenge resolutely and with respect for individuals. The public consultations held in the spring of 2004 showed that a concrete improvement in services can be a source of motivation for the personnel and a source of satisfaction for the public. That is the way forward on which the Agency invites you to focus.

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